

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-87)						SERIAL NO.	FILING DATE	
						APPLICANT/ST		
CLAIMS								
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
NO.	DEP.	NO.	DEP.	NO.	DEP.	NO.	DEP.	NO.
1	/					61	/	
2	/					62	/	
3	/					63	/	
4	/					64	/	
5	/					65	/	
6	/					66	/	
7	/					67	/	
8	/					68	/	
9	/					69	/	
10	/					70	/	
11	/					71	/	
12	/					72	/	
13	/					73	/	
14	/					74	/	
15	/					75	/	
16	/					76	/	
17	/					77	/	
18	/					78	/	
19	/					79	/	
20	/					80	/	
21	/					81	/	
22	/					82	/	
23	/					83	/	
24	/					84	/	
25	/					85	/	
26	/					86	/	
27	/					87	/	
28	/					88	/	
29	/					89	/	
30	/					90	/	
31	/					91	/	
32	/					92	/	
33	/					93	/	
34	/					94	/	
35	/					95	/	
36	/					96	/	
37	/					97	/	
38	/					98	/	
39	/					99	/	
40	/					100	/	
41	/					TOTAL NO. 1	3	
42	/					TOTAL DEP. 1	58	
43	/					TOTAL DEP. 1	61	
44	/					TOTAL DEP. 1	127125	155335
45	/					TOTAL DEP. 1	127125	155335
46	/					TOTAL DEP. 1	127125	155335
47	/					TOTAL DEP. 1	127125	155335
48	/					TOTAL DEP. 1	127125	155335
49	/					TOTAL DEP. 1	127125	155335
50	/					TOTAL DEP. 1	127125	155335
TOTAL NO. 1						TOTAL DEP. 1	127125	155335
TOTAL DEP. 1						TOTAL DEP. 1	127125	155335
TOTAL DEP. 1						TOTAL DEP. 1	127125	155335